

# QUAID-E-AZAM GROUP OF COLLEGES

<b>ITEM REQUISITION REQUEST</b>					<b>DATE:</b>	
<b>DEPARTMENT</b>		<b>MANAGERIAL DEPARTMENT</b>	<b>QEC</b>	<b>EXAM</b>	<b>LIBRARY</b>	<b>ADIM &amp; HR</b>

<b>ITEM TYPE</b>	<b>STATIONARY</b>	<b>PHOTOCOPY</b>	<b>EQUIPMENT</b>	<b>OTHER</b>

S.NO	DESCRIPTION & DETAIL	QTY	PRICE

**Requested By:**

**Department Authorized person:**

Name & Signature: \_\_\_\_\_

Name & Signature: \_\_\_\_\_

DESIGNATION : \_\_\_\_\_

**Note: All the requests may please be submitted to Admin Department before 4:00pm**

<b>FOR OFFICE USE ONLY</b>
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**Verified By:**

**Approved By:**

Authorized person: \_\_\_\_\_

Authorized person: \_\_\_\_\_

**Supplied by:**

**Item received by:**

Name & signature: \_\_\_\_\_

Name & signature: \_\_\_\_\_